ADDRESSING THE HEALTH CARE NEEDS OF THE PUBLIC: SCOPE OF PRACTICE AS A BARRIER

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Advanced Practice Registered Nurses (APRNs)

- Four APRNs – Nurse Practitioners (NP), Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse Midwives (CNM) and Clinical Nurse Specialists (CNS)
- All have undergraduate degrees in nursing of 4 years in length plus 3-4 years of graduate education in nursing.

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Historical Elements of Issue

- Focus on scope of practice is not a recent issue with a long history of study and discussion regarding factual basis of scope of practice limitations for nursing and many other health care providers.
- *Nurse practitioners, physician assistants and certified nurse midwives: A policy analysis – 1986 – Office of Technology Assessment Case Study 37*
- *Study revealed these clinicians provided quality care and could deliver 50-90% of primary care.*

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Back to the Future

- OTA analysis was not the first, or the last, of these efforts to analyze the quality of care by NPs and other providers or to address the irrational nature of the scope of practice limitations.
- Safriet – *Yale Journal of Regulation:* removal of non-evidence based limitations on scope of practice will improve access to quality care and could decrease costs.

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Evidence as a Framework for Policy

- Mundinger, et al; JAMA (2000) "In an ambulatory care situation in which patients were randomly assigned to either nurse practitioners or physicians, and where nurse practitioners had the same authority, responsibilities, productivity and administrative requirements, and patient population as primary care physicians, **patients' outcomes were comparable**."
- Newhouse, et al, (2011) Advanced Practice Outcomes 1990-2008: A systematic review. Results indicate APRNs provide effective and high-quality patient care.

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Growing Consensus among Policy Makers

- National Governor's Association: to meet the current and growing need for health care needs, states should modify their scope of practice structures to allow greater use of NPs full scope of training and skills.
- Institute of Medicine: regulatory barriers should be removed to allow practice reflective of education and training these individuals have.
- FTC -Available **evidence suggests that APRNs generally are safe providers of health care services - is at least equivalent to that of physician-delivered care as regards safety and quality.**

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Evidence vs. Rhetoric

- Consistent revisiting of the same policy questions over the 50+ years of advanced practice in nursing.
- Despite the continued growth of evidence regarding the quality, safety and satisfaction levels of care delivered by these clinicians, opponents continue to assert evidence is lacking.
- Opposition tends to be organizational rather than individual with local relationships at the point of care being very positive and coordinated.
- Similar evidence does not exist for quality of care delivered by other providers.
- Microscopic assessment of nursing has revealed data that are ignored.

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Using Evidence to Guide Practice

- Reality is that the demand for health care services will mandate an "everyone in" approach to health care that is guided by the clear evidence.
- Instead of trying to place barriers in front of qualified providers, we should join together and focus on having adequate financing of primary care services to assure that all primary care providers can deliver needed services.

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What is a Team?

- Agree, that team based care is an effective means of assuring that all the knowledge available on health care issues is brought to the patient.
- Being on a team does not mean being directed by others, but rather means sharing perspectives, sharing accountability, and sharing best practice for the benefit of the patient.

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Independence vs. Oversight

- Independence as a "hot button" term which presents an image of individuals hanging out a shingle to practice alone and without collaboration with other providers.
- Reality is that almost all APRNs are practicing with multiple other providers and that no clinician is an "independent" provider.
- Independence for APRNs is defined as having the authority to use fully the knowledge and training acquired to deliver high quality care without having to get permission from physicians to use that knowledge and training.

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